

Site: _____ Teacher: _____ Date: _____	Monday		Tuesday		Wednesday		Thursday		Friday	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>OUTDOOR PLAYGROUND AREA CHECKLIST</b>										
Playground is free from needles, glass, and other sharp objects?										
Play area is free from poisonous/hazardous foliage, sharp branches, and thorns?										
Area is free from bee or wasp nests?										
Are all play equipment is free from sharp edges or points and bolts are tight and not exposed?										
There are no exposed nails or hooks?										
Playground is free of possible tripping hazards?										
<b>INDOOR LARGE MOTOR SKILL AREA CHECKLIST</b>										
Area is free from hazardous equipment?										
Toys and equipment are free of sharp edges or corners?										
Have tripping hazards been eliminated?										
Are tricycles in good working order?										
<b>RESPONSIBILITY OF THE HEAD START STAFF</b>										
Are cleaning supplies kept away from food storage and locked only accessible to staff?										
Are sharp edged objects stored out of children's reach?										
Is the first aid kit properly equipped and kept in a safe area away from children?										
Are all electrical outlets covered? Check daily.										
If a refrigerator is in the room is it cleaned daily?										
Sanitizing solution locked and labeled corretly?										
<b>ITEMS DONE BY CUSTODIAL STAFF (CHECKED BY HEAD START STAFF)</b>										
All furniture is free of broken parts, sharp edges, and protruding nails?										
Are bathrooms and cleaned and sanitized daily?										
Is garbage and trash empty daily and covered with a lid?										
Is your classroom vacuumed daily?										
Windows and glass are in a working order?										
Heating/Cooling systems are in working order?										
Classroom lighting is in a working order?										
Sand Table area is swept daily?										
<b>MEDICATION ADMINISTRATION</b>										
Are all medications up-to-date? Locked box in refridgerator? Expiration date: _____										
If not, did you follow the rejected medications policy? (attach copy of rejected medication form)										
<b>HEALTH &amp; SAFETY TEAM ASSIGNMENT LIST</b>										
<b>Classroom Sweep</b>										
Nap Time - Count number of children										
Check different rest areas to ensure no child left behind										
Teaching Staff has checked classroom prior to leaving for the day, lights off, windows locked.										
Comments:										
<b>Teacher Signature:</b>										
<b>Teacher Assistant Signature:</b>										